

**NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
ANNUAL REPORT ON CHILDREN'S SAFEGUARDING**

Date of the meeting	17/05/2017
Author	W Thorogood Designated Nurse Consultant for safeguarding Children
Sponsoring Board member	Dr B Sharland, Locality Lead for Central Bournemouth
Purpose of Report	This report summarises the safeguarding children activity across Dorset, Bournemouth and Poole for the financial year 2016/17
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	<ul style="list-style-type: none"> • The Designated Nurse works directly with children and families. • The Designated Nurse is a member of a number of the children's safeguarding board's sub groups and a member of the Boards. • The Designated Nurse has engaged and developed a working relationship with General Practice and Primary Care. • The Designated Nurse is an active member of the Wessex Local Area team safeguarding forum. • Elements of public engagement have being undertaken through the wider pan Dorset, Bournemouth and Poole Children's Safeguarding Boards. • Engagement with communication team in the CCG.
Previous GB / Committee/s, Dates	Update provided to the Governing Body April 2016

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓

9.7

People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : WT

1. Introduction

- 1.1 This report provides an annual report on Safeguarding Children. The purpose of this report is to inform and assure the Clinical Commissioning Group (CCG) Governing Body on the progress and developments both locally and nationally on issues related to the safeguarding children's agenda.
- 1.2 Dorset CCG remains compliant with its statutory requirement for safeguarding children. Further information regarding roles and responsibilities can be accessed via the CCG website.

2. Safeguarding Activity

Numbers of Children Subject to a Child Protection Plan

- 2.1 The number of children subject to a protection plan continues to raise concerns pan-Dorset, particularly in the context of the local and national drive to reduce the number of children subject to a plan. This is being scrutinised and monitored by the two Local Safeguarding Children's Boards (LSCB).
- 2.2 There have been five incidents for which the Designated Nurse has had oversight, due to the formal escalation process. Each of these incidents related to thresholds and all concerns were upheld and resulted in a full Protection Plan being put in place.
- 2.3 Police and health services are jointly reviewing the complexity within the child protection referral processes in order to improve the effectiveness of early intervention and impact upon families once they are in the system. The CCG is reviewing practice to ensure the right health staff will be present at initial discussions in the future. It has been agreed that the Multi Agency Safeguarding Hub (MASH) is central to early safeguarding discussions and aims to provide the right information and intervention by health staff. The MASH will also identify the lead health professional. The Designated Nurse will continue to monitor this to support improvement and compliance, reporting to the Local Children Safeguarding Boards (LSCB) Quality Assurance Group.
- 2.4 The 'Working Together' (WT) guidance 2015 is not explicit in supporting the view that a health representative must be present at Section 47 enquires. Within Dorset we have promoted the stance that every family would require health input as best practice dictates "no family or child is ever without a health view". Recent months have shown the number of health staff attending case conferences is in decline. This is thought to be due to capacity issues. It has been identified that some Local Authorities have not been giving sufficient time to support the request for attendance or reports within a sufficient time. This is being addressed and closely monitored.
- 2.5 The main area of concern at child protection conferences locally is non – attendance by school nurses. Evidence shows school nurses attending child protection conferences has reduced from 94% to 34.6% nationally. Recent local figures reflect these findings. The national evidence demonstrates the lack of health input into the process is starting to significantly impact on the

processes and is not concordant with statutory responsibility. Social Care are significantly hampered in producing plans or progressing plans without the right professionals input.

Public Health Dorset who commission School nursing services are leading on a review of services. The CCG will continue to have oversight and link closely with quality assurance for the LSCB. On a positive note Health Visitors attendance at conferences is in line with requirements.

Training/Supervision

- 2.6 Compliance for safeguarding training for providers is monitored through routine contractual processes. Safeguarding supervision is provided by the Designated Nurses to the Named Nurses for safeguarding.
- 2.7 The CCG named and designated staff have access to independent supervision. This allows dedicated time to receive support, reflect on practice and discuss personal concerns or complex situations and cases.
- 2.8 The Named GPs and Designated Nurse have encouraged front line GPs to access the CCG team for supervision and guidance. Currently this has been offered on an ad hoc basis. There is a plan to enhance this practice by allocating CCG safeguarding leads to each GP Practice in a locality. The team will also be reviewing the Section 11 compliance, offering additional advice as required.

Safeguarding Children and Young People In Health Group (SCYPIH)

- 2.9 The purpose of the group is to share best practice, aiming to build a cohesive view pan-Dorset. The group no longer formally reports to the LSCB. However it continues to pick up work streams relating to data, quality assurance, and compliance. SCYPIH will review and analyse data and health information relating to child sexual exploration (CSE).
- 2.10 The Designated Doctor for Safeguarding Children continues to chair the group and has led to some very effective debates. Membership has been widened to include all Named health leads including private hospitals, children hospices and the Sexual Abuse centre. This has proved to be beneficial to the wider safeguarding agenda.

Providers

- 2.11 RBCHFT requested a maternity peer review. This review was led by the CCG Deputy Designated Nurse and was well received. The review was an effective way to review services in a supportive way and to drive change. The process was a mixed method utilising record reviews, observing front line practice and meeting services users. A key area identified for improvement was record keeping.
- 2.12 Current practice is the use of single set of records for each pregnancy. The records are not transferred between units in Dorset. This is a key area to address in order to ensure the national compliance.

- 2.13 PHFT Maternity services have identified 3 significant safeguarding cases which resulted in escalation. The new Director of Nursing has significant experience of Safeguarding and appears to be driving improvements.

3. Commissioned Services

Multi-Agency Safeguarding Hub (MASH)

- 3.1 The CCG has been actively involved in the development of the MASH. Due to the current restrictions imposed during Purdah the official launch has been delayed until mid-June. However, staff from each local authority are now co-located in Poole police station. DHUFT is commissioned by the CCG to provide the health element and have increased the health staff involved.

Child Sexual Exploitation (CSE)/ Missing Children Service

- 3.2 The Pan-Dorset CSE and Missing Children Service provided by Barnardos is jointly commissioned by the CCG, the three Local Authorities and the Police and Crime Commissioner's Office. The service commenced in October 2015 following initially experiencing a number of commissioning difficulties. It is now into a second year of operation and is successfully helping multiagency partners understand how CSE affects and impacts children, young people and their families. The aim is for this to be fully integrated into all front line practice. We continue to work closely with our bordering authorities.
- 3.3 CSE caseload across Dorset remains relatively static with between 15 -18 cases in total
- 3.4 Barnardos were originally commissioned to work intensively with children who were experiencing or were at significant risk of CSE. Their scope has now been extended to include children of a moderate risk.
- 3.5 It has been agreed to utilise the underspend of £2000 from the delayed start of the service to increase the amount of 1-1 work with young people who score as a high/ moderate on the CSE Risk assessment Tool.
- 3.6 Bournemouth Local Authority have undertaken a redesign of their CSE services. This has caused considerable difficulties for the service provider and other commissioners. It has resulted in no new CSE cases from Bournemouth being referred to the service. This is being followed up by the LSCB.

Sexual Assault Referral Centre (SARC)

- 3.7 The Dorset SARC is jointly commissioned by NHS England and the Office of the Police and Crime Commissioner, and is provided by G4S. The Health and Police Partnership Board oversees the performance and governance of the SARC. The CCG is represented on the Partnership Board by Service Delivery and the Deputy Designated Nurse.
- 3.8 In September NHS England (Central) held a stakeholder event to consider the findings from the Adults and Children's Health Needs Analysis reports. NHS

England is currently developing counselling services for victims of sexual assault and is working with the CCG to ensure these are joined up with work being undertaken in this area.

- 3.9 Dorset SARC was involved in the recent T.V. Broadchurch script which involved sexual assault. There is early evidence that the publicity received from this storyline will encourage more direct access from victims. The CCG will work closely with the centre if we have any historic cases identified. Through the national review into historic sexual abuse they will be available for counselling and support directly.
- 3.10 The CQC are interested in using the Dorset SARC as a pilot for the new joint inspection. The Designated Nurse will support this process working closely with NHS England as the lead commissioners for the service.

4. CCG Named GPs

- 4.1 The CCG required a new Named GP due to the retirement of Dr Peter Blick, and have recruited Dr Raquel Bechka. Dr Isi Sosa and Dr Sam Abdollahian continue as Named GPs. The Named GPs continue to provide safeguarding training to individual Practices including through educational afternoons and locality protected learning time events. We have seen a positive approach to the recent SCRs with attendance at the practitioner events. These were reported as a positive experience.
- 4.2 Work has been completed for the Safeguarding templates to be used in SystemOne GP electronic records.
- 4.3 Pan-Dorset work is being led by the Named GPs to improve GP attendances/input at Child Protection conferences. This continues to present a challenge. However, the CCG plan to pilot a new form to be completed between social care and the GP via a booked appointment time. We are working closely with our Local Authority colleagues to improve the information which is required for a true holistic assessment.
- 4.4 A named GP has been identified to hold Looked After Children responsibilities and support the designated LAC nurse. This has proved invaluable to improving the services to LAC children within in primary care.
- 4.5 The Named GPs produce a bi-monthly bulletin which has received a very positive feedback.
- 4.6 A named GP supported level 3 training for the New Midwives. This was a very positive event.
- 4.7 The Named GPs will be developing training podcasts. These will be uploaded to the internet, as well as local health trusts. This is reported to be an effective learning aid.

5. Serious Investigations/STEIS/Managing Allegations

- 5.1 The CCG Designated Nurse continues to support this process. A recent case highlighted issues in agency staff recruitment in primary care. Work has taken place to mitigate against current risks, which is being shared with NHSE. This particular case was referred to the NMC.
- 5.2 The CCG Designated Nurse has reviewed three allegations towards GPs under the Local Authority Designated Offices (LADO) process.

Serious Case Reviews

- 5.3 An update on Serious Case Reviews has been provided separately.
- 5.4 Three cases have been subject to Criminal enquires within this period. There has been a conviction for GBH and murder of a young baby. Domestic abuse was a key factor in this case but was hidden from front line services. This family were not known to social services.

6. Local Safeguarding Children Boards (LSCB) Update

- 6.1 The CCG is represented at both LSCBs and various sub-groups. Both the NHS and Police continue to champion the proposal for a Pan-Dorset LSCB Board. The Independent Chair is driving change in line with the Wood review. This could see a major change to current practice. Talks have commenced on the child death review process.
- 6.2 Work continues on the Section 11 audit of primary care. The CCG have developed a programme of support targeting key areas of concern. GP feedback to date has been positive.
- 6.3 Dorset Local Safeguarding Board (LSCB) was reported to be inadequate by Ofsted last year. The LSCB has shared their action plan at a recent board meeting. Work remains to improve the triangulation with front line services and improve the voice of children. There has been attendance from youth groups and service users to the LSCB in order to truly understand the challenges on the front line.

7. OFSTED Inspections

- 7.1 DCC Children's Services are subject to an improvement plan following a "Requires Improvement" rating by Ofsted, this work continues.
- 7.2 An inspection of Services for DCC children with Special Educational Needs and Disabilities (SEND) was carried out jointly with CQC in early 2017. This has resulted in a requirement for the Local Authority and the CCG to produce a statement of action in response to the findings and recommendations. A director level oversight group has been set up to oversee the actions required.

8. NHS England Wessex Safeguarding

8.1 NHS England has established their key Safeguarding objectives for 2016-2017. These are:

- Looked After Children;
- Child Sexual Exploitation;
- Female Genital Mutilation;
- Serious Case Review;
- Mental Capacity Act.

These will be led through the National Safeguarding Network and Area teams.

8.2 Dorset CCG designated leads have been requested to support some key work streams to enhance the CCG profile. An event for Female Genital Mutilation has been developed. A level 4 Master class is running in June which 10 Dorset staff are attending. The Designated Nurse supported South Central Named and Designated leadership and a Serious Case Review training event in March 2017.

9. Update on the CCG Safeguarding Objectives 2016/17

9.1 The key objectives set out in the Safeguarding update, previously presented to the Governing Body, have progressed well and will inform the 2017/18 objectives.

10. Other areas of activity

10.1 CPIS is the national Child Protection Information Sharing system between Emergency Departments (ED) and Children's Social Services. A Project Implementation Document is in place to implement this pan-Dorset. DCH are "live", RBH and PGH are nearly ready but with additional costs. Further guidance has been requested from NHS England. They plan to support a local meeting in June to ensure the importance of implementation is understood. This project is working closely with the Summary Care Record development. Dorset CCG remains fully committed to this project. However, this has been delayed by the current Local Authority's Information systems.

10.2 Safeguarding Performance Framework - a set of safeguarding quarterly performance indicators for providers is being developed. This will enable benchmarking and patterns to be identified with a narrative as required. The indicators were informed by the repeated learning from serious incidents and near misses.

11. Conclusion

- 11.1 The safeguarding agenda in the CCG is well developed. During this report period the CCG has worked effectively in partnership with the Local Safeguarding Children Boards and partner agencies, to ensure safeguards are in place and strengthened in the services commissioned and provided by health organisations for children.

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